

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* GENTNER DUMMOND, in his official capacity as Attorney General of the State of Oklahoma
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Melissa Dull/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* Attorney General's Office of the State of Oklahoma

313 NE 21st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

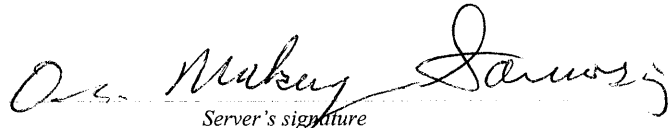
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Hair: Brownish/Blonde Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* STEVEN KATSIS, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or


☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* TREVOR NUTT, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

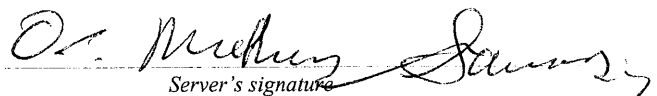
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

**6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112**

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* CLAYTON BULLARD, in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
Licensure and Supervision
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* SUSAN CHAMBERS, M.D., in his official capacity as a member
was received by me on *(date)* 05/05/2023 of the Oklahoma State Board of Medical Licensure and
Supervision

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
Licensure and Supervision
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023; or

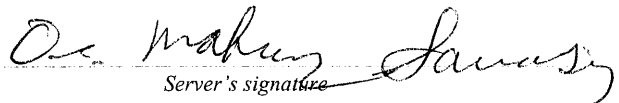
☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* LOUIS COX, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* MARK FIXLEY, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision . 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

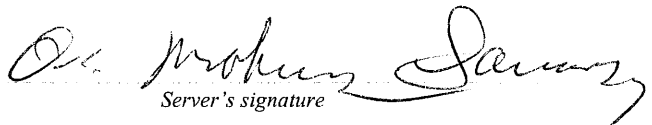
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* JEREMY HALL, in his official capacity as a member of the
 Oklahoma State Board of Medical Licensure and Supervision
 was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist, who is
 designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
 Licensure and Supervision
 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

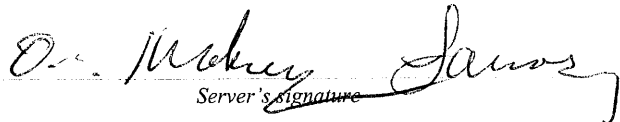
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


 Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
 Printed name and title

6051 N. Brookline Avenue, Suite 129
 Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
 Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* TIMOTHY HOLDER, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

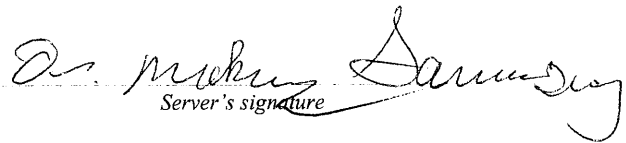
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* ROBERT HOWARD, in his official capacity as a member of the
Oklahoma State Board of Medical Licensure and Supervision
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
Licensure and Supervision.
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* ROSS VANHOOSER, M.D., in his official capacity as a member
was received by me on *(date)* 05/05/2023 of the Oklahoma State Board of Medical Licensure and
Supervision

☐ I personally served the summons on the individual at *(place)*
on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*
, a person of suitable age and discretion who resides there,
on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
Licensure and Supervision
101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

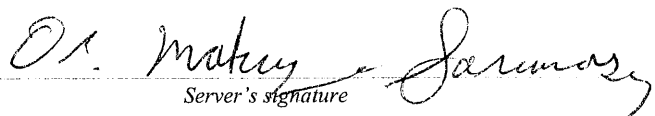
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* DON WILBER, M.D., in his official capacity as a member of the Oklahoma State Board of Medical Licensure and Supervision
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Arista Andrews/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Medical
Licensure and Supervision

101 NE 51st Street, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

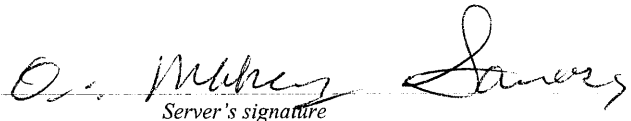
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 30's Sex: Female Race: Black Hair: Black Weight: 150lbs Height: 5'7" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* KATHERINE O'DELL, D.N.P., R.N., in her official capacity as President of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

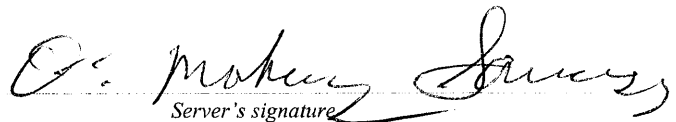
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:
Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* KYLE LEEMASTER, M.B.A., R.N., in her official capacity as Vice-President of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing

2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

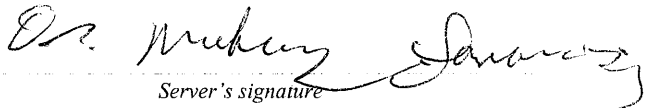
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* SHAWN STACHOVIC, L.P.N., in her official capacity as a
Secretary of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or


☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* SHELLY SWALLEY, M.S., R.N., in her official capacity as member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

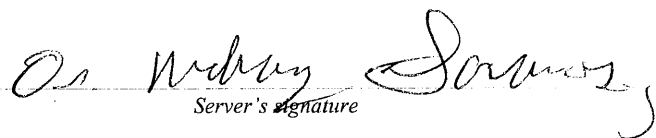
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* LINDSAY POTTS, L.P.N., in her official capacity as a member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:
Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* AMBER GARRETSON, APRN-CNS, C.C.R.N., in her official capacity as a member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

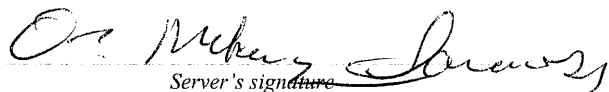
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* NIKOLE HICKS, Ph.D, R.N., CNE, in her official capacity as a member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

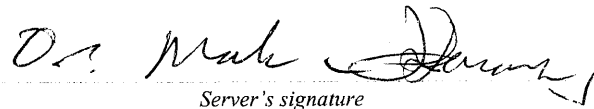
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* CALLIE RINEHART, M.S.N., R.N., C.P.N., in her official capacity
as member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

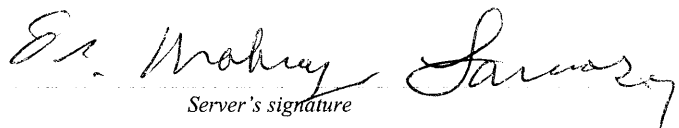
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* SHASTON SALIE, L.P.N., in her official capacity as a member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

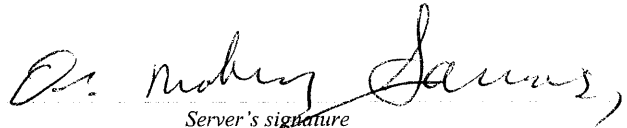
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* GEORGINA CALHOUN, in her official capacity as a member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

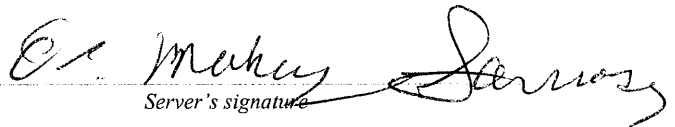
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* MARISA WRAPPE, in her official capacity as member of the Oklahoma Board of Nursing
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Jenny Barnhouse/Executive Director , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 7, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

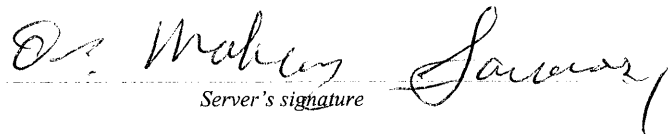
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 48 Sex: Female Height: 5'7" Hair: Brown Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* BRET S. LANGERMAN, D.O., in his official capacity as President of the Oklahoma State Board of Osteopathic Examiners
was received by me on *(date)* 05/05/2023.

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____,
a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023; or

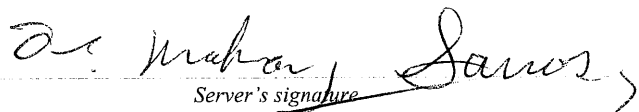
☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

**6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112**

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* CATHERINE C. TAYLOR, J.O., in her official capacity as Vice-President of the Oklahoma State Board of Osteopathic Examiners
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or


☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* DUANE G. KOEHLER, D.O., in his official capacity as
was received by me on *(date)* 05/05/2023 Secretary-Treasurer of the Oklahoma State Board of Osteopathic
Examiners

☐ I personally served the summons on the individual at *(place)*
on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*
, a person of suitable age and discretion who resides there,
on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic
Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

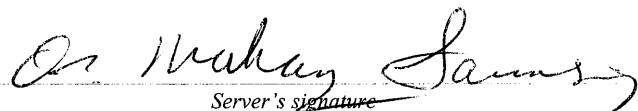
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* KATIE L. TEMPLETON, J.O., in her official capacity as a member
of the Oklahoma State Board of Osteopathic Examiners
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic
Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

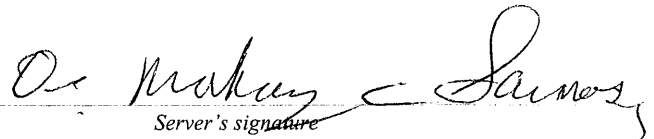
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* LEROY E. YOUNG, D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners 4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

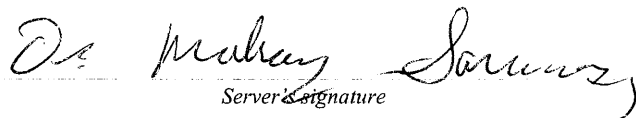
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* DENNIS J. CARTER D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic
Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

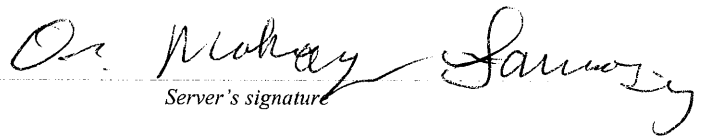
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* C. MICHAEL OGLE, D.O., in his official capacity as a member of the Oklahoma State Board of Osteopathic Examiners was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator , who is designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic Examiners 4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* CHELSEY D. GILBERTSON, D.O., in her official capacity as a
was received by me on *(date)* 05/05/2023 member of the Oklahoma State Board of Osteopathic Examiners

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Elizabeth Fullbright, Agent/Investigator, who is
designated by law to accept service of process on behalf of *(name of organization)* Oklahoma State Board of Osteopathic
Examiners
4848 N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105 on *(date)* 05/05/2023; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 05/05/2023



Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 40's Sex: Female Hair: Sandy Blonde Weight: 150lbs Height: 5'9" Glasses: No

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* UNIVERSITY HOSPITALS AUTHORITY
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee
of the University Hospitals Trust
1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

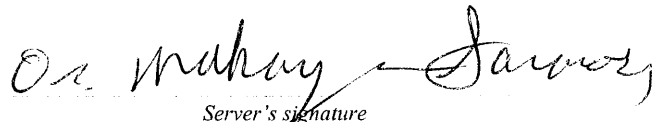
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* UNIVERSITY HOSPITALS TRUST
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee
of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* RANDY DOWELL, in his official capacity as Chief Executive Officer of University Hospitals Authority and University Hospitals Trust
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* G. RAINEY WILLIAMS, JR., in his official capacity as Chair of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)*
on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*
, a person of suitable age and discretion who resides there,
on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee
of the University Hospitals Trust
1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

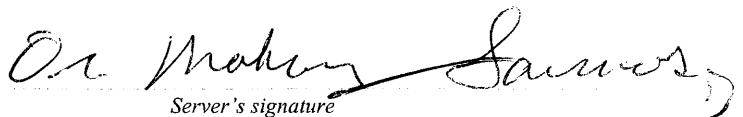
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* JIM EVEREST, in his official capacity as Vice-Chair of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist, who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust
1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

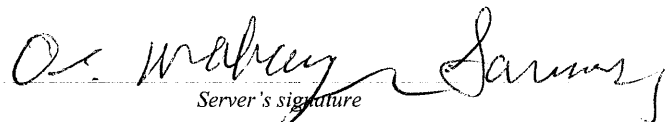
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* ANTHONY F. KEATING, III, in his official capacity as Secretary of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

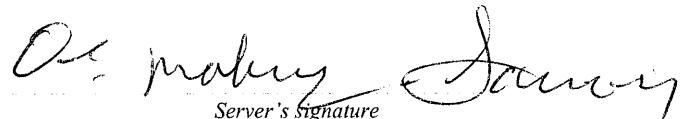
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* GARY E. RASKOB, in his official capacity as a member of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is
designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

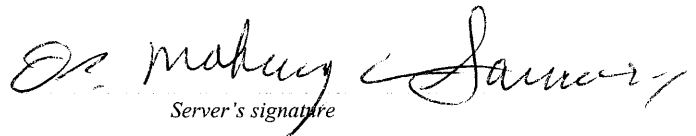
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* KEVIN CORBETT, in his official capacity as member of the Board of Directors of the University Hospitals Authority and trustee of the University Hospitals Trust
was received by me on *(date)* 05/05/2023

☐ I personally served the summons on the individual at *(place)*

on *(date)* ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,

on *(date)* , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Alejandro Rodriguez/Receptionist , who is designated by law to accept service of process on behalf of *(name of organization)* University Hospitals Authority and trustee of the University Hospitals Trust

1000 NE 13th Street #6900, Oklahoma City, OK 73105 on *(date)* 05/05/2023 ; or

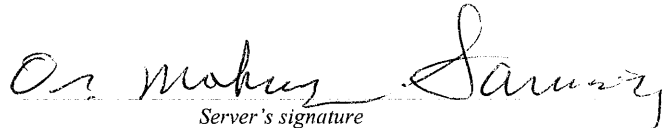
☐ I returned the summons unexecuted because ; or

☐ Other *(specify)*:

My fees are \$ for travel and \$ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER

Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 25 Sex: Male Height: 5'4" Hair: Black Glasses: No Beard: No Brown eyes

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* OU MEDICINE, INC. d/b/a OU HEALTH, an Oklahoma not-for-profit corporation
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Paula Cobb/Receptionist _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* OU MEDICINE, INC. d/b/a OU HEALTH
1833 South Morgan Road, Oklahoma City, Oklahoma 73128 on *(date)* 05/05/2023 ; or

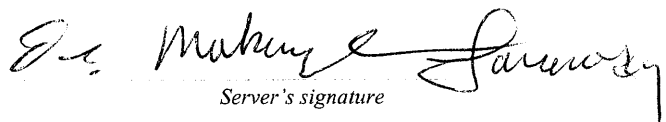
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23-cv-00177-JFH-SH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* DR. RICHARD LOFGREN, in his official capacity as President
and Chief Executive of OU Health
was received by me on *(date)* 05/05/2023 .

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Shawnee Rodney/Associate Vice-President , who is
designated by law to accept service of process on behalf of *(name of organization)* OU Health
700 NE 13th Street, Oklahoma City, Oklahoma 73104 on *(date)* 05/05/2023 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 05/05/2023


Server's signature

MAKAYLA SARAMOSING/PROCESS SERVER
Printed name and title

6051 N. Brookline Avenue, Suite 129
Oklahoma City, Oklahoma 73112

Server's address

Additional information regarding attempted service, etc:
Description:

Age: 50 Sex: Male Hair: Brown Glasses: No Beard: No Green eyes